	Application or Docket Number
ECOPD	

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE		OR	OTHER THA		
TOTAL C	LAIMS		199				RATI	FE		RATE	FEE
OR			NUMBER FILED		NUME	BER EXTRA	BASIC	EE 375.	00 OB	BASIC FEE	750.00
OTAL CH	HARGEA	BLE CLAIMS	13 m	inus 20=	* (3	2	X\$ 9	_	OR	V240	
INDEPENDENT CLAIMS		3 minus 3 =		* 1		X42=		-	Y04		
MULTIPLE DEPENDENT CLAIM P		L		L	$\neg \neg$	A425	l la	OR	A04=		
16 Ab - 21:61	·····	:	1 11		. «on :-		+140	=	OR	+280=	
if the diff		in column 1 is				column 2	TOTA		ОЯ	TOTAL	750
	С	(Column 1)	MENDE	(Colur	mn 2)	(Column 3)	SMAL	L ENTIT	Y OR	OTHER	
		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	ADD TION	AL	RATE	ADDI TIONA FEE
Total		*	Minus	**		=	X\$ 9:		OR	X\$18=	
IOlai											<b>†</b>
Indepe	endent	*	Minus	***		=	X42=		OB	X84=	
Indepe		* NTATION OF M		1	T CLAIM				OR		
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FIRST		(Column 1) CLAIMS REMAINING AFTER		(Colur HIGH NUM PREVIO	mn 2) IEST IBER OUSLY	(Column 3)	+140: TOT ADDIT. F	AL ADD TION/FEE	OR OR	+280= TOTAL ADDIT. FEE	ADDI- TIONA
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